

## **SECTION 2**

### **CHIROPRACTIC MEDICINE**

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## **1 GENERAL POLICY**

Chiropractic medicine as described in this chapter is a benefit of the Utah Medicaid Program.

### **1 - 1 Credentials**

A chiropractic physician must hold a current professional license in the State of Utah and be enrolled with Chiropractic Health Plan (CHP) to be eligible for Medicaid reimbursement. (The CHP address is listed in Chapter 3, *Prior Authorization*.)

### **1 - 2 Chiropractic Medicine Capitated Program**

All chiropractic services are provided by a capitated reimbursement contract with the Chiropractic Health Plan (CHP). Chiropractic providers must contact CHP for details of participation. All inquiries, claims and requests for prior authorization must be submitted directly to CHP.

## **2 COVERED SERVICES**

Chiropractic medicine includes examination and diagnosis of problems related to the spinal column and treatment in the form of manual manipulation of the spine. Refer to Chapter 4 for the exclusive list of ICD-9 diagnoses for chiropractic medicine which are reimbursed by Utah Medicaid. *All chiropractic medicine services require prior authorization from Chiropractic Health Plan (CHP).* Refer to Chapter 3, *Prior Authorization*.

### **1. Evaluation**

The initial encounter evaluation may include an examination, x-rays for diagnostic purposes only, initial reports, instruction, education support, and consulting. An evaluation may be performed *once per episode of illness*.

### **2. Subsequent Services and Therapy Sessions**

Subsequent encounters may include records, assessment, monitoring of care, reports, and procedures related to spinal manipulation. Chapter 5 contains a list of CPT procedure codes to use when reporting services.

*Any combination of therapy codes will be combined into the global encounter code described in Chapter 5 - 1, Global Procedure Codes.*

### **3 PRIOR AUTHORIZATION**

All chiropractic medicine services require written prior authorization from Chiropractic Health Plan (CHP). For general information about the prior authorization process, you may refer to Section 1 of this Provider Manual, Chapter 9, *Prior Authorization Process*. However, CHP processes all requests, not Medicaid. Any request made to Medicaid for prior authorization of chiropractic services will be referred to CHP.

#### **3 - 1 Prior Authorization for Evaluation**

The evaluation will be authorized to a Medicaid provider upon receipt of a correctly completed request for prior authorization containing covered diagnosis and procedure codes.

#### **3 - 2 Prior Authorization for Therapy**

Chiropractic Health Plan (CHP) provides the requirements for conditions of prior authorization. Generally, the following information must be included with the written request:

- ▶ the evaluation report
- ▶ documentation which describes the medical need for the service
- ▶ the specific CPT code(s) from the approved list in Chapter 5, *Procedure Codes*.
- ▶ the diagnosis from Chapter 4, *COVERED DIAGNOSIS CODES*.

For audit purposes, specific CPT codes must be provided to indicate the specific services provided even when services are billed under the global encounter code.

Services must be performed within the period of time specified by the prior authorization. Otherwise, payment will be denied.

Submit written prior authorization requests to:

*Chiropractic Health Plan  
Suite 204  
4213 Holladay Blvd.  
Salt Lake City, Utah 84124*

**4 COVERED DIAGNOSIS CODES**

715.00 Osteoarthritis, Unspecified

A chiropractic physician may receive reimbursement  
*only* for the following diagnosis codes:

714.0 Rheumatoid Arthritis

715.0 Osteoarthritis, Generalized

716.1 Traumatic arthropathy

716.9 Arthritis, chronic

720.0 Ankylosing Spondylitis

721.0 Cervical Spondylosis without myelopathy

721.1 Cervical Spondylosis with myelopathy

721.2 Thoracic Spondylosis without myelopathy



721.3 Lumbosacral Spondylosis without myelopathy

721.41 Spondylosis with myelopathy, thoracic

721.42 Spondylosis with myelopathy, lumbar

721.6 Ankylosing vertebral hyperostosis

721.7 Traumatic spondylopathy

721.9 Spondylosis of unspecified site

722 Intervertebral disc disorders

722.0 Displacement of cervical intervertebral with or  
without myelopathy

722.1 Displacement of thoracic or lumbar  
intervertebral disc without myelopathy

722.10 Lumbar intervertebral disc without myelopathy

722.11 Thoracic intervertebral disc without  
myelopathy

722.2 Displacement of intervertebral disc site,  
unspecified without myelopathy

722.4 Degeneration of cervical intercerebral disc

722.5 Degeneration of thoracic or IV disc

722.51 Degeneration of thoracic or thoracolumbar  
intervertebral disc

722.52 Degeneration of lumbar or lumbosacral  
intervertebral disc



722.6 Degeneration of intervertebral disc site,  
unspecified

722.71 Intervertebral disc disorder with myelopathy,  
cervical region

722.72 Intervertebral disc disorder with myelopathy,  
thoracic region

722.73 Intervertebral disc disorder with myelopathy,  
lumbar region

722.91 Cervical discitis

723.0 Spinal stenosis in cervical region

723.1 Cervicalia

723.5 Torticollis, unspecified

724.01 Spinal stenosis, thoracic region

724.02 Spinal stenosis, lumbar region

724.1 Pain in thoracic spine

724.2 Lumbago

724.4 Thoracic or lumbosacral neuritis or radiculitis

724.6 Disorders of sacrum

724.70 Unspecified disorder of coccyx

724.71 Disorder of coccyx, hypermobility



724.79 Other disorders of coccyx

724.8 Other symptoms referable to back

724.9 Other unspecified back disorder

728.85 Spasm of muscle

733.01 Senile osteoporosis

737. Curvature of spine

737.0 Adolescent Postural kyphosis

737.1 Kyphosis, acquired

737.10 Kyphosis, acquire postural

737.20 Lordosis, acquired postural

737.3 Kyphoscoliosis / scoliosis

737.42 Curvature of spine, lordosis

737.43 Curvature of spine, scoliosis

756.10 Unspecified anomaly of spine

756.11 Spondylolysis, lumbosacral

756.12 Spondylolisthesis



756.19 Other anomalies of spine

839.0 Subluxation of cervical vertebra, unspecified

839.01 Subluxation of cervical vertebra, first vertebra

839.03 Subluxation of cervical vertebra, C 3

839.04 Subluxation of cervical vertebra, C 4

839.05 Subluxation of cervical vertebra, C 5

839.06 Subluxation of cervical vertebra, C 6

839.07 Subluxation of cervical vertebra, C 7

839.20 Lumbar subluxation

839.21 Thoracic subluxation

839.40 Unspecified spinal subluxation

839.41 Subluxation coccyx vertebra region

839.42 Subluxation sacrum / sacroiliac joint

839.8 Multiple subluxation, arm / hand / back

846.0 Traumatic Lumbosacral strain / sprain

846.9 Traumatic sacroiliac sprain



847.0 Sprain and strain, neck

847.1 Sprain and strain, thoracic

847.2 Sprain and strain, lumbar

847.4 Sprain and strain, coccyx

847.9 Traumatic thoraco-lumbar strain

848.3 Traumatic costovertebral strain / sprain

952.10 Thoraco spinal cord Injury, T1-6

## 5 PROCEDURE CODES

The following CPT procedures identify chiropractic medicine treatment for the diagnosis codes listed in Chapter 4. Enter the procedure code in box 9 of the Request for Prior Authorization form.

*Do not use CPT procedure codes when submitting the claim.* Use the global encounter codes in Chapter 5 - 1 when submitting the claim.

99201 New patient office visit, 10 minutes	72100 X-ray lumbosacral 2 views
99202 New patient office visit, 20 minutes	72110 X-ray lumbosacral oblique view
99203 New patient office visit, 30 minutes	72114 X-ray lumbosacral 7 views
99204 New patient office visit, 45 minutes	72120 X-ray lumbosacral 4 views
99205 New patient office visit, 60 minutes	72170 X-ray pelvis 1 view
99211 Established patient office visit, 10 minutes	72190 X-ray pelvis minimum of 3 views
99212 Established patient office visit, 20 minutes	72200 X-ray sacroiliac joints >3 views
99213 Established patient office visit, 30 minutes	72220 X-ray sacroiliac joints <3 views
99214 Established patient office visit, 40 minutes	73010 X-ray scapula complete
99215 Established patient office visit, 60 minutes	
99050 After hours office visit	
99058 Emergency office visit	
97010 Hot or cold packs	
97012 Traction mechanical	
97014 Electrical stimulation, unattended	
97022 Whirlpool	
97024 Diathermy	
97110 Therapeutic exercises	
97124 Massage	
97126 Contrast baths	
97128 Ultrasound	
97145 Physical medicine treatment	
97260 Manipulation spinal	
97261 Manipulation additional area	
72010 X-ray spine entire	
72020 X-ray spine single view	
72040 X-ray cervical spine 2 views	
72050 X-ray cervical spine 4 views	
72052 X-ray cervical spine 7 views	
72070 X-ray thoracic 2 views	
72072 X-ray thoracic 3 views	
72074 X-ray thoracic 4 views	
72080 X-ray thoracolumbar 2 views	
72090 X-ray scoliosis study 1 view	

## **5 - 1 Global Procedure Codes**

Use the following procedure codes to bill chiropractic medicine services. The codes are global and include all combinations of the CPT procedure codes listed in Chapter 5:

<b>Code</b>	<b>Description</b>	<b>*P A</b>	<b>Limits</b>
Y9100	Chiropractic medicine; evaluation	W	Payable only once per episode of illness
Y9111	Chiropractic medicine; global therapy session	W	One per day

**\*P A** - Prior Authorization

**W** - Written prior authorization from Chiropractic Health Plan (CHP) required

## **6 NON-COVERED SERVICES**

Medicaid does not cover services not related to manual manipulation of the spine nor services specifically prohibited by State Licensing.